PLACE OF DEATH	STATE OF MARYLAND
County Secre	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Celklan, Milo. 24	Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and
2FULL NAME * WILLOUM	(lessault number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED WINGLE (Write the word)	16 DATE OF DEATH March 3/ 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 31 1932	192 . to
(Month) (Day) (Year)	that I last saw h alive on the saw 31, 1927
7 AGE . [If LESS than	
yrsmosds. ormin.	
B OCCUPATION (a) Trade, profession or particular kind of work	Fremshire delivery
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Zinion Norfital Feldland	Secondary (Duration) yrs mos ds,
10 NAME OF Robert Milleam armour	(Signed) 1932 (Address) Earlow W. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER PRAY JAMAGE PARKET	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h
(Informant) Robert . W. armour	Former or usual residence Charlestown Nd
(Address) in settle Cast Med	Jalanord md Mar 37. 19 >Z
15 File Meh 31 - 1922 & Fraul Frays	Sheeph P Grant houth Each
If more b.anks are needed, addre.s atat Kegistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census: nd American Fublic Health / sscciation.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, escally in industrial emplo; ments, it is necestion applies to e ch and every person, irrespective cf Statement of Occupation - Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e g.. Farmer or Flanter, Physici For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomolive engineer, Stationary fireman, et . But in many (a) the kind of work and also (b) the (b) Grocery;

St. tement of Cause of Death—Name, first, the DIS-EA CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptel on for the same dise se. E. amples: Cerebrospinal the only definite synonym is "Epidemia cerebros in acningitis", Linhtheria (avoid use of 'Croup"); Since in the control of the contr

> (secondar/ or intercurrent) affection need not be st ted unless important. Example: Measles (disease inges, ferilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Lizemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and quilify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VICLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, su.h as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence In city or town where death occurred \_\_mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3 OR DIVORCED (write the word) (Month) 5a. If married, widowed, er divorced HUSBAND of 22. CERTIFY. That! attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) if LESS Than 7. AGE Months Days to have occurred on the date stated above, at \_\_\_\_\_\_// 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. wera as follows 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and 11. Total time (years) spant in this occupation \_\_\_\_\_ 12. BIRTHPLACE (city or to (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? ..... Date of injury ..... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFDRMANT (Address) 18. BURIAL, CREMATI Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of decaased? 19. UNDERTAKER (Address If so, specify

(Year)

Date of onset

(Day)

(Add	ress)	 	 6	0		. 0	10	_
		 -			-			-

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No

properly clas PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX MARRIED. back WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Instruction (Day) IIf LESS than 7 AGE de. or O min.? mos. B OCCUPATION 99 (a) Trade, profession or CO particular kind of work (b) General nature of industry business, or establishment in Importa which employed or (employer) 9 BIRTHPLACE (State or country very 10 NAME OF 0 11 BIRTHPLACE ARENTS CAUSE OF FATHER of Information (State or country) 12 MAIDEN NAME Item of Inc. 1 13 BIRTHPLACE OF MOTHER (State or Country) Every Item CIANS shot statement o M

PLACE OF DEATH

	02659
STATE OF M	ARYLAND
CERTIFICATE	OF DEATH
Registration D	ist. No. 93
	(If death occurred in a hospital or institu- tion, give its NAME in-
Bullock	stead of street and number.)
DICAL CERTIFICATE O	F DEATH
TH March	30,1932
(Month)	(Day)(Year)
30 1932 to	nded the deceased from
alive on	, 102,
ccurred on the date stated	above, at 24. Mm.
EATH * was as follows:	3 mouths

(Durstion) Contributory Secondary

1932 (Address) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the of death .....yrs......mos... State. Where was disease contracted,

it not at place of dea h? Former or

ME

16 DATE OF DEA

that I last saw h

and that death of

The CAUSE OF D

(Year)

I day O hrs.

usual res.dence

DATE OF BURIAL ADDRESS

Registral

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAR E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal maninatis"); Diphtheria (avoid use of "Croup"); Sinal meninatis"); Diphtheria (avoid Theumonia"); Tylhoid fever (never report "Typhcid Theumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

of telanus) may be stated under the head of "contributory." approved by Committee on .(Recommendations on statement of cause of death "E:haustion," "Heart failure," "Isaemorraage, "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERFERAL perilonilis," elc. & Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory affection need Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BIND

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certificate.	Village or City the Boart Ma Pith,  2FULL NAME DELL	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9  St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)				
Sert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Dack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCES (Write the word)	16 DATE OF DEATH March 26, 1952.  (Month) (Day) (Year)				
S on	8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 26 1932 to March 26 1932, that I lest saw h palive on March 26, 1952,				
See Instruction	7 AGE    Signature   Signature	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:				
	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Shronice Calvalas Theat Disease (Duration) Dyro moo d				
very important.	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Signed)  M. D.				
NON 18 VO	II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Lydry and (2) Whether Accidental, Suicidal or Homicidal.				
OCCUPA	of MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)  At place of death yrs described for the State yrs described with the State of the State yrs described for the St				
ent or	(Informant) Mrs William Shipman	if not at place of death?  Former or yaual residence				
ratem	(Address) Part Deficit Md.	Labry Cell . March 2/19 3				
18	15 Filed 3/26 1972 mr. L. f. Sanders Registral	20 LINDERTAKER ADDRESS (DELLE CONTINUE)				
	If more bienks are needed, address State Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ahswered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

permanently filed.

carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death KII this certificate is looked over thoroughly and all questions American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Measles;

V. S. No. 1

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH U2661
1. PLACE OF PEATH	93-6
County Coccel	Registration Dist. No. 92
Village or City Ees hulls	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsyrs	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Clara auce Otros	skee.
(a) Residence: No. Eck Nucls, mid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DWORCEB (ware the word)	21. DATE OF DEATH 3 - 3/ - 193 2
Fluste While Klugh	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That   atlended deceased from
(or) WIFE of	1-1-1932, to 3-31, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 5 - 3 / - , 19.32 death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 12.13 in.
82 1 20 27 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, Reliable SAWYER, BOOKKEEPER, etc.	Columnie mountité
9. Industry or business in which work was done, as SILK MILL,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	7 (
13. NAME John C. Charlee	June 3
	Y
(State or country)	Name of operation
15. MAIDEN NAME Classiss Kinglet	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Mary land	Where did injury occur?
I wooden & w clearshere	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Fax Wells, med	Specify whether injury occurred in thousant, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Myd Stel Cendrege (4 pr. 3, 182)	Nature of injury
a 2. alemaches	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER 11. Silvery Hell Ind.	If so, specify
Olar 1st 32 Hours Drawn	(Signed) Acol Allfound M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

3	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
YEAR THE TOTAL STATE	DIZLUE .	E. OTT	T. O TO T STEEL	D T ST T TANKETAL IN D	10 1	THEOLOGIAN

PHYSIinstruction should be carefully supplied ACE should be stated EXACTLY, Postite CAUSE OF DEATH in plain torms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD FOR BINDIA WITH UNFADING INK---THIS IS MARGIN RESERVED statement of Every item CIANS shou

9. S. No. 1

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		02663
PLACE OF DEATH	STATE OF	MARYLAND
MA.C		TE OF DEATH
County		n Dist. No.
Village or City Childs Md. (No	St.:Wa	ard) (If death occurred I a hospitul or institution, give its NAME II stead of street an number.)
The second secon		•••••
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (North)  17 I HEREBY CERTIFY. That I	(Day) (Yeu1)
6 DATE OF BIRTH  Parillo - F846	June 129. to M	els 1932
(::oath) (Day) (Year	that I last saw h AM alive on The	2/1 /0 1932
7 AGE [fLESS than	and that death occured on the date state	ed above, at 428 Am
85- yrs. 4 mos. 25 ds. or min.	The CAUSE OF DEATH * was as follows	arteroschin
B OCCUPATION (a) I rade, profession or Juriscel		
(b) General nature of industry		***************************************
business, or establishment in	(Duration)	2 yrs d
9 BIRTHPLACE (State or country)	Contributory Secondary	Hemonhage
Ilma.	(Duration)	yrs mos5d
10 NAME OF FATHER Samuel	(Signed) Sept 102 (Addam)	ingran M.
OF FATHER Z (State or country)	*St.te the Disrase Causing I'es Violent Caus s, state (1) Means of Accidental, Suicidal ar Homicidal.	1 7
of Mother Elifa Lie	18 LENGTH OF RESIDENCE (For 1.0 ients or Recent Residents)	epitals, Institutions, Tran
13 DIRTHPLACE OF MOTHER		the Stated
(State or country) Lulland	Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) & helds MA	Litte Britain	Marl 4, 193
15	2) UNDERTAKER	ADDRESS
Filed 372 W W Malage of Registral	tolente E. heason	- Partsoul Ha

16 more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withous Laborer, Laborer-Coat many Laborer Farm laborer, Laborer-Coat many the duties of the at home, who are engaged in the duties of the Armselsepers who receive a state occupation at beginning of illness. If retired from should be used only when needed. As examples: c nature of the business or industry, and therefore an additional line is provided for the latter statement in fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) sary to know cases, especially in industrial employments, it is neces-Civil engineer. Stelionary fireman, it. But in many the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very infortant, so that the relative health Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, whatever, write None. played, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material (0) the kind of work and also (b) the Locumoline engineer, Growy;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "erebrospinal fever (the only definite synonym is "indemic cerebrospinal menic, itis"); Diphthera avoid use of "Coup", Typhoid fever (never report "Typhoid Pneumonia"." Lobor preumonia. Bronchopusumonia. "Pneumonia."

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discasse "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage, stated unless important. as fracture of skull, and consequences (e.g., sejsis, telunus) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI' A., "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., approved by carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Committee on Chronic Carcinoma, Example: Measles (disease etc. The contributory The nature of the injury, valvular heart Nomendature Always qualify .. ll Sarcoma, need not be Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. the data is essential and must be obtained before the certificate is permanently filed.

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Exact

	Justian 62664
PLACE OF DEATH	STATE OF MARYLAND
PERCE OF BEATT	CERTIFICATE OF DEATH
County CCC	CERTIFICATE OF DEATH
() 11. 1	Registration Dist. No. 76
FULL NAME Of the B	St.) Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 19 , 1952  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
TIMA IN THE	March 150, 3 2 to March 14, 1937
(Month) (Day) (Year)	that I last saw h endive on March 18, 1927?
101 200 1	110
AGE   If LESS than	and that death occurred on the date stated above, at design me.  The CAUSE OF DEATH * was as follows:
yrs. 7 mos. ds. or min.?	THE CAUSE OF DEATH - Was as follows.
OCCUPATION 4	1 Harris al atternata
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration) Vrs. mos. ds
which employed or (employer)	Contributory Carelyal Harmonhage
BIRTHPLACE (State or country)	Secondary
1/4.	(Duration) yrs mos de
10 NAME OF FATHER	(Signed) J. J. Mugrau M. E.
AL DIDTHE ACE	Mell 17 13 2(Address) Jersyrlle Mig
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
let .	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER AND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the Stateyrsds. Stateyrsds.
(State or Country)	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
a Homeneila. Crans	usual residence
(Informatic)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) ATTUGE BALL	Mosterollingham Hallhal, 133
	ADDRESS ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; i the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firoman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 9 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, inges, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Aformation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE PDAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTI MARGIN RESERVED FOR BINDI

V. S. No. 1

	1931 62665
PLACE OF DEATH	STATE OF MARYLAND
County CC	183-7 CERTIFICATE OF DEATH
0 . 1. 20	Registration Dist. No. 96
Village or City Merchantus Turnorses	St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 26, 1932
6 DATE OF BIRTH Office. 1, 83	17 I HEREBY CERTIFY, That I attended the deceased from March VV 182 to March 76, 1832
(Month) (Day) (Year)	that I last saw h Malive on Much to 1932-
7 AGE  // yrs. // mos. 25 - ds. or min.	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Lobar Greumonia
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) mos 2 de
The following !	Contributory Misure Value Valu
10 NAME OF FATHER OUT CUSSELL	(Signed) M. D. 3/28 1972 (Address) Jungulle M.L.
OF FATHER (State or country) The reland	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of lingury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MARTINA Bross.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informatilally Currier	Former or usual residence
(Address) Sulfie Furnase	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 32
15 Filed 3/28 1932 L J. Danders Registrar	20 UNDERTAKER DESTRUCTION SENSON
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Doy loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvont, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISAME CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

was fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of death stated unless important. carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telonus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: A ccidental drowning; Struck by roilway train "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ss important. Example: Measles (disease Chronic volvular heart disease etc. The contributory

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MARGIN RESERVED FOR

V. S. No. 1

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WITH UNFADING INK--THIS IS A

PLACE OF DEATH
County

82-2

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Elkton (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single Widowed Widowed Widowed (Write the word)	16 DATE OF DEATHCH 19, 1932. , 192
April 2, 1837 , 1 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from March 3, 1932 192 to March 19,1932, 192 that I last saw him alive on March 17,1932, 192 192
94 yrs. 11 mos. 17 ds. or mi	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work Brick Layer  (b) General nature of industry & Stone Mason. which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Benjamin Davenport,	(Durstion) about, one mos de Contributory General Arterio-sclerosis Secondary  (Durstion) yrs mos de Mar 19,1932 (Address) Elkton, Md.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER No information.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE England s OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
(Informant) Mrs: Fred Camblain  (Address) Elkton, Md.	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Bethel Cemetery  March 22 1932
Filed Mich 22 1952 Frauen Frager	20 UNDERTAKER  17 W. H. Pippin, Elkton, Md.
If more bianks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cooling to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, er," etc., Foreman, or At Home, and children, not gainfully-em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dfg-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

data is essential

permanently filed.

answered in detail, it will prevent further correspondence.

and must be obtained before the certificate is

'accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury. as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaenia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all

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	CIANS should state CAUSE OF DEATH in plain terms so t

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Providence (No.	Registration Dist. No.
2FULL NAME JESOURE 6 Eure	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Married Widowester  Widowester  With the word)	16 DATE OF DEATH March 29, 1932  (Month) (Day) (Year)
6 DATE OF BIRTH  Luce 19, 1872	Harely CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   I day hrs. or	and that death occurred on the date stated above, at & Q m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Duration) Pot. Russons.  Contributory Secondary
10 NAME OF FATHER NO Lugaredore.  11 BIRTHPLACE OF FATHER (State or country) no Suface State of MOTHER OF MOTHER 20 1 1 2 MAIDEN NAME OF MOTHER 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) M. D. M.
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Jesome Couring  (Address) Eacklon Mrs 1705  Filed Marsh 301982   Bank Bank	Former or usual residence  19 BLACE OF BURIAL OR REMOVAL  Collecty Viele Correlate Operate 1, 1932  20 UNDERFAKER  DDRESS
Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infocious be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of the transparent of the property classified. Exact statement of OCCUPA-EATH in plain terms, so that it may be properly classified. See instructions on back of certificate. very important. B.—WRITE TION is CAUSE mation ż

MARGIN RESERVED FOR BINDING

V.S. No. 1

2. FULL NAME  (a) Residence: No.  (Umalpiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. I Marrier, widewed, or diverced instruction, give in NAME instead of arrest and number?  (A) Residence: No.  (Umalpiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SINCE, RANKID, WINDOWS, Marrier, Williams of abode of the country o	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. North Cost. R. Ward  Length of residence in city or town where death occurred.  (If death occurred in a hoppital or inclusion, give its NAME instead of street and number)  (3. Residence: No	1. PLACE OF DEATH	48
Length of residence in city or town where death occurred yes, most ds. How long in U. S. If of foreign bitch?  2. FULL NAME  (a) Residence: No.  (Umal place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  R DIVORCE PRINT  AND LAND STATISTICAL PARTICULARS  5. If married, widowed, or divorced HUSARD of Cry Wife of United States of Land Color of the World Cry Wife of United States of Land Cry Wife Office of United States of Land Cry Wife of United States of Land Cry Wife Office of United States of Land Cry Wife Office Office States of United States of United States of United States of Land Cry Wife Office Office States of United States of United States of Land Cry Wife Office Office Stat	County Cecil	Registration Dist. No.
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(a) Residence; No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  PROVINCES  S. SINCLE, MARKED, WIDOWED, SR. HIMPITED,	1 2 99 .	
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PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARKELD, WIDOWED, OR DEATH  J. DATE OF DEATH  M. (Month)  J. Days  If USS than 1 days. hrs. or min.  S. Trade, potest or particular binds of week as a solitor.  J. AGE  Year, J. Same J.		
## Service of Control of		
HUSBAND of (or) WIFE of WIFE o	Temale Colored or Divorces (write the word)	
6. DATE OF BIRTH (month, day, and year) 7. AGE  Years  GS_Minths  Days  If LESS than 1 day,hrs. ormin.  8. Trade, professist, or particular kind of work doma, as SPINNER, SAPANILLE, BOANK-EFFE, etc. 9. Industry or business in which work was dome, as SSINNER, SAPANILLE, BOANK-EFFE, etc. 10. Date deceased last worked at this occupation (month and SAPANILLE, BOANK-EFFE, etc. 10. Date deceased last worked at this occupation (month and Sapanille, BANK, back Sapanille, BANK, back Secured on the date stated above, at	HUSBAND of	Jan 2, 1932, to mel 1932
Iday		Transplant in the contract of
3. Trade, professial, or particular stand of work done, as SPINNER, SAWYER BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and spant) in this spont in this s	I day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Of Man 27, 19-22  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Contributory Causes of Importance:  Other Contribu	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0
Other Coatributory Causes of Importance:  Other Coatributory  Other Coatributory Causes of Importance:  Other Coatributory Causes  Other Coatributory Causes  Other Coatributory  Other Coatributory	work was dona, as SILK MILL, SAW MILL, BANK, etc	uturus.
What test confirmed diagnosis?  Was there an autopsy? I are the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place I Marke Quint Date Maria?  19. WNDERTAKER (Address)  19. WNDERTAKER (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Signed)	12. BIRTHPLACE (city or town) Md	Other Contributory Causes of Importance:
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Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR BEMOVAL  Place It Marks QUM Date Mar 7, 19-32  Nature of injury.  19. UNDERTAKER Cast and (Address)  18. BURIAL CREMATION, OR BEMOVAL  Place It Marks Qum and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way ralated to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place I Mark Quint Date Mar 7, 19-2?  19. UNDERTAKER Oxyph Rhaut (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  (Signed)  (Signed)	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Place It Marks Q.U.M. Date Man 27, 19-32 Nature of injury  19. UNDERTAKER Joseph Reliant 24. Was disease or injury in any way related to occupation of deceased?  (Address) It so, specify (Signed) Mp.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) north East and  If so, specify  (Signed) (Signed) Mp.		
20 FILED A STORY		
	20. FILED 3-27-39 See W. Queso Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sel note under "Have" 6/32/32. For authorization

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

22
MARGIN
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(

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00
County Cecil	Registration Dist. No.
Village or City (Kesing Dun)	No. St, Ward
Length of residence in city or town where death occurred 25 yrs	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Caroline - matils	la Joy
(a) Residence: No. Hear Reiner Tue med	St Ward.
(Vaux place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Mite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Morek 18  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Allfred  Total	22.   I HEREBY CERTIFY. That attended deceased from 193/ to 8 1932
6. DATE OF BIRTH (month, day and year) Lose 23 1845	I last saw h alive on 3/16 / 19 3 4 Geath is sai
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at & A.m.
86 2 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
9 Trade profession or carticular	Chronice Indocorditis, Date of ones
kind of work done, as SPINNER. 18 auseum	· Valvulor desease 1931
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et l1. Total time (years) spant in this occupation (moght and	-
o this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
	No. of analysis of the second
4. BIRTHPLACE (city or town) (State of country)	Name of operation Date of What test confirmed diagnosis? Was there on autopor?
IS. MAIDEN NAME MALE THE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of injury19
Stete or country)	Where did injury occur?
17. INFORMANT LESSA THE TOTAL TOTAL (Address) Promodern The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Paral, 19.3	Manner of injury
100 Vien-	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Browne Lucy Cond	If so, specify Secure
3-19 22	(Signed) Truet Pow Canol M.
20. FILED 19 22	(Address)
Longe M. Wollman Registrar.	. (////////////////////////////////////

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	62672
1. PLACE OF DEATH			/
County Cecil		Registration Dist. No.	6
Village or City Berryvill	4	NoSt.,	Wa
	(li	death occurred in a hospital or institution, give its NAME instead of street at  ds. How long in U.S. if of foreign birth?  yrs.	
O			11105,
2. FULL NAME Ludery	Jean Howe		
(a) Residence: No. & lbton	Wayal place of abode)	St., Ward.	and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR OLVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attend	
6. DATE OF BIRTH (month, day, and year)	31 1927	I last saw h 11 alive on 2 miles (4, 193	
7. AGE Years Months O	Days If LESS than	to have occurred on the date stated above, at 9 2019 m.	
5 2	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of on
8. Trade, profession, or particular kind of work done, as SPINNER.		Houte articular / humbler	DELGOIDA
SAWYER, BOOKKEEPER, etc.	me.	A A. ja	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Cardiac Decomplinesus	11
10. Date deceased last worked el this occupation (month and	11. Total lime (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) n orth Co	ut,	Canal College of the particle	
(State or country)	1 10		
14. BIRTHPLACE (city or town). Charles	towell		
14. BIRTHPLACE (city or town). Charl	Lestown	Name of operation Date o	f
(State of country)	4	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Delena	Groves	23. If death was due to external ceuses (VIOLENCE) fill in also the follow	ving:
16. BIRTHPLACE (city or lown) Thur the	65	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	wel	Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT Delena T. (Address) Chlin	Itowell	Specify whether injury occurred In INDÚSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place north Cast. M. E. D	ate. N. a. 2. 3, 19.3.2	Nature of injury	
19. WNDERTAKER Such A. Han (Address) North Ea	t md	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	mo
20. FILED 3/2/ 1932 Lo J.	Sauden Registrar.	(Signed) Our Agents	. And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage	3	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAN CERTIFICATE OF DEATH Registration Dist. No. classM (If death occurred in a hospital or institution, give Its NAME in stead of street and number.) roperly MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. Marro WIDOWED OR DIVORCED (Write the word) (Month) \_\_\_\_(Day) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Year) that I last saw h 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: min.? 8 OCCUPATION (a) Trade, profession or S particular kind of work G (b) General nature of industry p business, or establishment in (Durstion) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF O 11 BIRTHPLACE USE OF FATHER Causing Death, or, in LZ the Disease deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether D O (State or countr RE 12 MAIDEN NAME O 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER en. ients or Recent Residents) 65 13 BIRTHPLACE At place of death In the OF MOTHER W O (State or Country Where was disease contracted, if not at place of DATE OF BURIAL

(Approved by U. S. Census ɛnd Amcrican Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to c.ch and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Dinhiheria (avoid use of "Croup"); Sylphoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

> "(E.haustion," "Heart laure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal of Homicidal, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic valvular heart disease; etc. The contributory need not be etc., of

If this certificate is looked over thoroughly and all qu stions are vered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62674
1. PLACE OF DEATH	
County Cecil	Registration Dist. No.
Village or City Moth Car AN	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign hirth? yrs. ds.
2. FULL NAME Stillborn Johnson	
(a) Residence: No.	St., Ward.
(Usuarblace of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	(Month) 24 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	meh 24 132, meh 24, 32
6. DATE OF BIRTH (month, day, end year) Mich 24 - 1982	Hast saw him dead meh 24, 19.3 Zdeath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 53°P.m.
l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Stillbirth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	success
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O lo Oate deceased last worked at 11. Totel time (yeers)	
this occupation (month and spent In this occupation occupation	
12. BIRTHPLACE (city or town) north East R D	Other Coutributory Causes of Importance:
(State or country)	
# 13. NAME William Johnson	
14. BIRTHPLACE (city or town) North East RH	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Dora Briscok  16. BIRTHPLACE (city or town) 7. Dr. East P. D  (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 7 orth East of D	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dora 03. Johnson (Address) North Coast Ph	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece St. Marker Li. U. M. G. Date Mar 25, 1932	Nature of injury
19. UNDERTAKER Joseph Q Shary	24. Was disease or injury In eny way related to occupetion of deceased?
(Address) hvilly East Mid	If so, specify
20. FILEO 3- 25-3219 /20 lb. Quins	(Signed) M.D.
Registrar.	(Address) with Gast, ona

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AD	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(28)		
County Cecil	Registration Dist. No. 44		
Village or City north East. Ph	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where deeth occurred	ds. How long in U.S. If of foreign birth?mosds.		
2. FULL NAME James P Kirkeba	trick		
(a) Residence: No. ) north Cast R N	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  193 2		
Male White Luigh	(Month) (Oay) (Year)		
5a. If merried, widowed, or divorced HUSBAND of	22// I HEREBY CERTIFY. Thet I attended deceased from		
(or) WIFE of Single	Jan 6 1932 10 Meh 10 1935		
6. DATE OF BIRTH (month, dey, and year)	last saw him elive on mch 9, 1932 death is seid		
7. AGE Yeers Months Oeys III LESS than	to have occurred on the date stated above, et 7 P.m.		
· 31 7 /25- 1'dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8 Trade profession or particular	Date of onset		
kind of work done, as SPINNER, Januer SAWYER, BOOKKEEPER, etc.	Julianary Fall		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Sawyer, Bookkeeper, etc.  Journal of the same of the sa	1931		
SAW MILL, BANK, etc	Juhereulases		
this occupetion (month end spent) in this occupetion			
Da - Daine	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)  (Stete or country)			
E 16.11			
14. BIRTHPLACE (cit) or town) Tank	Name of operation		
	Whet test confirmed diegnosis? Wes there en eutopsy?		
E The Factor	Accident, suicide, or homicide? Dete of Injury, 19		
O 16. BIRTHPLACE (city or town)	Where did injury occur?		
Same Kichhatial	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) hant bear P/D had	opening whether injury occurred in Producti, in Home, of the obelo Fence.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Plece with East MC. Oete Mar 14, 19 32	Nature of injury		
LA MARCHANTE DOSLAGE P STATE A	24. Wes disease or injury In eny wey releted to occupetion of deceesed?		
19. UNDERTAKER (Address) North Cook, Med	If so, specify		
as suco Mchild 1024 How l. Ones	(Signed) Allerando.		
20. FILEO M. J. 198 Land Con Registrar.	(Address) Nout East, Ind.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1932	July 5, 1927	Peritonitis	3 days ago
	BURLAU V.S.	}		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

B.—WRIT

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V. S. No. 1

1. PLA	CE OF DEAT	H			34)		
					Registration Dist. No. 96  tal No. Perry Point, Md. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  s. 18 ds. How long in U,S. if of foreign birth? yrs. mos. ds.		
				ark, Md.	St., Ward.  If nonresident give city or town and	State	
200	RSONAL ANI			The same and the	MEDICAL CERTIFICATE OF DEATH		
3. SEX		or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March 30  (Month) (Oay)	, 193. 2.a (Year)	
5a. If merric HUSBA (or) W	ed, widowed, or divor NNO of IFE of	Elva Li	ller		22.   HEREBY CERTIFY. Thet I ettended of March 12		
6. DATE OF	BIRTH (month, day,	and veer)	February	4. 1896	I last saw h. im alive on March 30 182.		
7. AGE	Yeers 36	Months 1	0eys 26	If LESS then I day,hrs.	to heve occurred on the date stated above, a \$2.35 A m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
8. Tra	de, profession, or per kind of work done, a SAWYER, BOOKKEEF	s SPINNER, PER, etc	Coal m	iner	Pneumonia, Lobar, bilateral.	0ata of onest 3-24-32	
3	ustry or business in work was done, es SI SAW MILL, BANK, et	ILK MILL, lc					
8 10. Dat	e deceesed lest work this occupation (mon- year)	th and	spe	ime (yeers) ntin this upation	Other Contributary Causes of importance:		
(Sta	LACE (city or town). te or country)	Oak lar	nd, Md.		Syphilis of the Central Nervous System.	5 yre.	
13. NA	ME	He nry	Liller				
	THPLACE (city or tow (Stete or country)	vn) Unkno	o waa		Neme of operation None Oete of What test confirmed diagnosis? Spinal Fluid Was there en e	utonsv? Yes	
15. MA	IOEN NAME	Unkno	o wn		Examination Isnge Wasserman 23. If death wes due to external causes (MOLENCE) fill in also the following	:	
-	THPLACE (city or tow (Stete or country)	vn) Unkno	o wn		Accident, suicide, or homicide?	, 19	
17. INFORMANT Hospital Records (Address) Perry Point, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Oate April 2 19 32					Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
					Manner of injury ————————————————————————————————————		
19. UNDERTAKER R. Madison Mitchell,				ell	24. Wes disease or injury in any way releted to occupetion of deceesed?		
		By-Clu	Grace Win	Md . come on rep Registrar.	(Signed) F. E. LESLIF, Med. Officer in (Address) Charge, Ferry Point, Md.	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- li	Example II	
The principal caus of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
* Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	18	July 5,1927	Peritonitis	3 days ago
Other contributors	causes alimportance		Other contributory causes of importance:	
Gallstones	a ddy	May 1,1923	Gastroenteritis	1 year
	**Cir. /			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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> statement PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial Acphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREATIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF, DEATH  County Cil  Village or City Electors  Length of residence in city or town where death occurred.  2. FULL NAME Delia Mc (1)  (a) Residence: No. Woffeld (1)	Registration Dist. No.  No.  St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Village or City Eletton	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  yrsmosds How long in U.S. if of foreign birth?yrsmosds.
Village or City CACOM	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	yrsmosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Delia mc &	
2. TOLE MAINE	
131 Kaciuanca, No	St., Ward.
(Usual place of	f abode)  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	
Temale White wide	(write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Delady Jan. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Heby 16	1856 Hast saw h- Qualive on work 14, 1932; death is said
7. AGE Years Months Days	If LESS than to have occurred on the date stated above, at O. W. f. em  1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
76   1   2	ormin. Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and	our mouro myllafile
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased lest worked at this occupation (month and spen	ma (years) t in this
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	7
(State or country)	7
E 13. NAME Value R My Cafferd	4
14. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Margaret mc Lar	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Mc Zan	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town county and State)
17. INFORMANT hus adelia hec Long he (Address) Elkton mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL County Date had	Manner of Injury Nature of injury
19. UNDERTAKER 74. COPignia (Address) Elector 321	24. Was disaase or injury In any way related to occupation of deceased?  If so, specify
20. FILED Mich 21 , 1932 & Baus 1	Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 4904	July 5,1927	Peritonitis	3 days ago
	BURRAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED

V. S. No. 1

### N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCT UPATION is very important. See instructions on back of certificate. RECORD LNT WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMA

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Of Han VIRA	Registration Dist. No. 96
	Village or City Wellast (No	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OF RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCEDIAL (Write the world)	16 DATE OF DEATH March 12, 195 2
	6 DATE OF BIRTH Sefect (Month) (Day) (Year)	that I last saw him alive on March 17, 1937.
	7 AGE  yrs. mos. ds. or min.?	
	a) Trade, profession or particular kind of work	Conquital Ldest
4	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 6 yrs, 6 mos 8 ds.  Contributory Celebral Faemurhayy Secondary  (Duration) yrs mos ds.
	10 NAME OF FATHER MANOWW	(Signed) Tillagraw M. D. 3 19 192 V (Address) Lerry relle My
	OF FATHER  Z (State or country) who would	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) Many Land.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted.
	(Informant)	if not at place of death?  Former or usual residence
	(Address or the Psit M. B.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1932
	Filed Mch 19th 1932 Lo. F. Sanders Registrar	Lee 4 Patterson Penylvelle
6	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, "Iraemia," "Weakness," etc., whon a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inamition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely (secondary or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62680
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·
County Cecil	Registration Dist. No.
Village or City Elbton BK	No
Length of residence in city or town whare death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
2. FULL NAME Still form morris	
	St. Ward.
(a) Residence: No. (Usual place of ahode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female while Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY. That   attended deceased from
(or) WIFE of	much 2 - 1932 to much 3 1932
6. DATE OF BIRTH (month, day, and year) Feb Man 2 1932	i last saw h. M alive on Weenle 3 , 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9m.
no 200 1 day, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	1.66/1
work was done, as SILK MILL, SAW MILL, BANK, etc	July Marin
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Celetry B. 191	Other Country Country of Importation
(State or country) md	
13. NAME David a Morris 14. BIRTHPLACE (city or town) Mean Befair.	
7 14. BIRTHPLACE (city or town) near Perfair.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maltitie Levrage  16. BIRTHPLACE (city or town) Near north East	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Plan nouth Cast (State or country)	Accident, suicide, or homicide?
(Siaco VI Colonia)	Where did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Quid (C. Mours) (Address) Colotin Poly # 1 na a	Specify whather injury occurred in Property, in Home, or in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place north Carl Date 12601 2, 19.32	Nature of injury
19 UNDERTAKER Joseph P. Laut	24. Was disease or injury In any way related to pecupation of deceased?
(Address) Morth Cash M.	If so, specify
20 FILED 3-3 37 19 Tuo es Omens	(Signad) flesh M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	14	Example II	
	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	Mis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1972	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECORD sd EXACTLY, PHYSI- erly classified. Exact rtificate.	PLACE OF DEATH County belie  Village or City Jesupelle (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96  St.: Ward)  St.: Ward)  Clf death occurred in a hospital or institution, give its NAME instead of street and number.)
STATE RECEIVED Properly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IS IS A PERMANE.  ACE should be set that It may be structions on back	Maried, Wildwed, OR DIVORCED (Write the word)  7 AGE  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  7 AGE  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 5 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  1 5 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Year) (Month) (Day) (Year) (Year) (Month) (Day) (Year) (Month)
MARGIN RESERVED  Y, WITH UNFADING INKTH mation should be carefully supplie CAUSE OF DEATH in plain term PATION IS very important. See in	9 BIRTHPLACE (State or country)  10 NAME OF FATHER COF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  (State of MOTHER  (State of Country)  12 MAIDEN NAME OF MOTHER  (State of Country)  13 MAIDEN NAME OF MOTHER  (State of Country)  14 MAIDEN NAME OF MOTHER  (State of Country)  15 MAIDEN NAME OF MOTHER  (State of Country)  (State of Countr	(Durstion) yrs. mos. ds.  Contributory Secondary  (Durstion) yrs. mos. ds.  (Signed) yrs. mos. ds.  (Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
WRITE PLAINLY N. BEvery (tem of Inform CIANS, Should state statement of OCCUP.	13 BIRTHPLACE OF MOTHER (State or Country) Permystle Md  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Carra V Pickard  (Address) Permystle Mds  (Address) Permystle Mds  Filed 3/28 19832 Loft Saucisco Registrar  If more branks are needed, address Stete Registrer	At place of death yrs mos ds. In the State yrs mos ds.  Where wes disease contracted, if not at place of death?  Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL 3/28, 1932.  20 UNDERTAKER & Burkard Junyalle Mg., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a Form laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on -Coal mine, etc. Wom-(b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospanal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Was fracture of skull, and consequences (e.g., sepsis, American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidentol drowning; Struck by railwoy troin "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvulor heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions alsweed in detail, it will prevent further correspondence. All the deta is essential and must be obtained before the certificate is permanently filed.

should state

PHYSICIANS

stated EXACTLY.

AGE should be

is very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may

nould be carefully supplied.

Exact statement of OCCUPA.

m.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62682
1. PLACE OF DEATH	
County Rest	Registration Dist. No.
Village or City Gesilton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary H. Price	
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mar, P2 ,193 2 (Year)
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Mar, 9, 1932, to Mar, 12, 1932
6. DATE OF BIRTH (month, day, and year 2 / 2 / 1839	I last saw h alive on
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at
7 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Browness Onemour Mar 21932
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this oregrapting (month end	
10. Date deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Surandum & M.	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT AND CO. Price	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Selline Councility Date 15, 1958	Manner of Injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 3-14, 1934 Horran	(Signed) Ceo C. M. D.
Registrar.	(Address) Luffenn VMA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS shows state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A

	04004
PLACE OF DEATH	STATE OF MARYLAND
8000	CERTIFICATE OF DEATH
County	(93-e)
(P) 1 p. 1(R4.10.	Registration Dist. No.
Village or City The Caut (No	St.: Ward) (If death occurred in a hospital or institu-
Village of Grey Later of Later	tion, give its NAME in stead of street and
2FULL NAME CHILLY Land	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, OR DIVORCED?	11 WY 40 , 192
fellille word (Write the word) word	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH	1 2 1 2 11/2 28
Nec 14, 1852	1929 to 1929 192
(Month) (Day) (Year)	that I last saw h Malive on
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
8 OCCUPATION (a) Trade, profession or	I Immo // systemus
particular kind of work	
(b) General nature of industry business, or establishment in	(Dyration) yrs. mos ds.
which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country)	Dwatton)
10 NAME OF	(Signed)
FATHER JUNE / Zallslus	11 m 24 192 (Address) RIVI and VIXI
M 11 BIRTHPLACE	
OF FATHER Z (State or country)	Violent Chuses, state (1) Means of Injury and (4) Whether
12 MAIDEN NAME	Accidental Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER Juna Durpun	ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
10/0 DA 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Former or usual residence
(Informant) willer tolling.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Perthet sat Me. S.	Carpentoun March 3193
D-1	20 INDERTAKER ADDRESS
15 Filed 199 1982 La Mandes	Land Pattern Vanden 10
( Registrar	Lee a Mueron Newyork
If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

8.-

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Drs-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; (Recommendations on statement of cause of (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

Registrar.

more Alanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

S. No.

If nonresident give city or town and State That I attended deceased from Date of onset Wes there an autopsy? (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related eauses, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
APR 2 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation sa

E ZI

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

### STATE OF MARYLAND—CERTIFICATE OF DEATH

62686

1. PLACE	OF DEATH					
County	Cecil	L			Registration Dist. No. 96	
Village	or City Ve to	erans!	Administr	ation Hosp	oitaNo. Perry Point IId St., Ideath occurred in a hospital or institution, give its NAME instead of street and no	Ward wmber)
					s. 24 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL	NAME ST			XC-1 371	44.	
	idence: No		(Usual place of		#St., Ward.  If nonresident give city or lown and S	date
	ONAL AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR O		5. SINGLE, MARE OR DIVORCED Married	(write the word) -sepa ra te d	21. DATE OF DEATH  March 25  (Month) (Oay)	193 2 • (Yaar)
5a. If marriad, v HUSBANO (or) WtFE	vidowed, or divorced of of Unkr				22. I HEREBY CERTIFY, That I attended d No vember 1 ,19 30 , to March 25	
6. DATE OF BIL	tTH (month, day, an	d vaar)	March 22,	1891	Hast saw h im aliva on March 25 1932	
7. AGE	Years 41	Months	0ays 3	If LESS than I day,hrs. ormin.	to have occurred on tha date stated abova, at 2:40 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or patients					Pneumonia, lobar, bilateral	0ate of onset 3-20-32
	or business in who was done, as SILK MILL, BANK, atc		11, Total tir			
	occupation (month a	and	spen	t in this	Othar Contributory Causes of importance:	
	E (city or town)	Greene	Co., Pa.	*************	1. Dementia Praecox, Catatonic Type	g.1930.
13. NAME	C	yrus S	tilwell		2. Fracture mandible, Ramus right Ma	
	ACE (city or town)	Pen	n•		Name of operation None Oata of	32.
		largare	t Stewart		What test confirmed diagnosis?No.re was there an au	
15. MAIOEN NAME Margaret Stewart  16. BIRTHPLACE (city or town) Penn.  (State or country)					23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suitide; or nominite?  NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	19 32.
17. INFORMANT	Hospi	tal Re	cords, int. Md.		Where did injury occur? Veterans! Hospital Perry (Specify city or fown, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE At hospital.	E. Md.
	MATION, OR REMO		ATTO A TIME		Manner of injury	
Place	7			29 1932.	Nature of injury Fracture self-inflicted by	falling
19. UNOERTAKE	R R Marito	discontinuon Mtt			24. Was disease or injury in any way related to occupation of dacaased?	No
20. FILEO 3/	26/37,10	Cline	race Md	Cop Registrar.	(Signed) F. E. IESLIE, Indical Officer in	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- / 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADAIRONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None: business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a yr8). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on (3) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pieumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonihis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF mation s -WRITE

MARGIN RESERVED FOR BINDING

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	5.	1.	6,	5	
U	2	()	Ö	8	

1. PLACE OF DEATH	94-00
County local 60.	Registration Dist, No. 91
Village or City Cheropeope City, Mid.	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 27 yrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Clair Cleanor Market	el Clarica.
	er St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATHON
Tourse While OR DIVORCED (write the word)  5a. If marriad, widowed, or divorced	March (Day) (Year)
HUSBAND of (or) WIFE of Puchard S. Wallis.	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NAS. 14 1872	I last saw her alive on Frank 19 1932; death Is said
7. ACE Years Months Days If LESS than	to have occurred on tha date statad above, at 10 45 p.m.
59 4 5 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Deta di onset
SAWYER, BOOKKEEPER, etc.	Augua putous 1924
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) year) occupation	
Thesas he Cit	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic my raidiles 1940
13. NAME St. William & few cover	()
14. BIRTHPLACE (city or town)	Name of operation None Data of
(State or country) Murulaus	What test confirmed diagnosis? Clerical Was there an autopsy? Ko
15. MAIDEN NAME surah 6. Bouchelle	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. Prouchlike  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homīcide?
17. INFORMANT wish in walling (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Better Country Date Mar. 21 , 1927	Natura of injury
19 UNDERTAKER HUltishur:	24. Was disease or injury in any way related to occupation of deceased? "No.
(Address) Eliton mak,	If so, specify
20. FILED March 21, 1932 B. Howard Brown.	(Signed) Alcure Love M. D.  (Address) Chesheshe Cit Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

	PLACE OF DEATH	STATE OF MARYLAND 2683
Com	and and	CERTIFICATE OF DEATH
		Registration Dist. No. 94
Villa	2 PULL NAME Sarah Won.	St.; Ward)  [If death occurred to a hospital or institution give its NAME Instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  7 Month (Day) (Year
6 -		17 I HEREBY CERTIFY, That I attended deceased fro
0 0 8	Morel 9 1932	191 , to, 191.
	(Month) (Day) (Year)	that I last saw h alive on, 191
7 AG	Still borr if LESS than 1 day, hrs OR min.?	The CAUSE OF DEATH * was as follows:
ba ba	CQUATION  1) Trade, profession, or  ricular kind of work  1) General nature of industry  sloess, or establishment in  nich enplayed (or emplayer)	(Buretion) yrs. imes.
1 1/2	IRTHPLACE (State or country)	Centributory Secondary
	10 NAME OF FATHER Paul C word	(Signed) J. B. Bless Mos.
RENTS	11 BIRTHPLACE OF FATHER (State or country) From Man	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Mrans or Injury; and (2) whether Accidental.
PAR	12 MAIDEN NAME OF MOTHER GARAGE	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIEN
	13 BIRTHPLACE OF MOTHER (State or comptry) Philad P.	OR RECENT REBIOFNER At place in the of death yrs masds State, yrs mas
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Paul Ward	Where was disease contracted.  If not el piece of death?  Former el  onuel residence
	(Address) noveto foot, md, 20	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Signal Connection Mch 9 1973
16 FII	003-9-32 191 Moll. Quell	20 UNDERTAKER AND COLLOW MAN

If more blanks are needed address State Registrar 16 W Saratoga St., Balto., Requesting V. S. No 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully Housemoid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy loborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc. without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery. (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (o) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective For many occupations a single word or term on the tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupathe second statement. various pursuits oan be known. The question For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from should be ("wil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerobrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonio ("Pneumonia, meninungualified, is indefinite); Tuberculosis of lungs, menin

tions erree.

the certificate is permanently filed.

answered in detail, it will prevent further correspond. All the data is essential and must be obtained before

under the head of "Contributory" If this cordificate is tooked over thoroughly and all quesand consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide: Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. Struck by railway train—accident: Revolver to determine definitely Examples: Accidental drowning, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital." "Senile." etc.), "Dropsy." "Exhaustion," "Heart failure," "H. emorrhage." "Inantion," "Marasbirth or miscarriage as chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meostes; Whooping ges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of. "Anaemia" symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of statement of cause of death approved by Committee Nomenclature of the American Medical Association.) "Old Age," "Coma," (merely symptomatic), она," "Convulsions." The contributory (secondary or intercur-"Shock." by carbolic acid-probably "PYERPERAL septicharmia," "Uracmin," "Weakness." State cause for which "Debility" ("Con-(Recommendations "Atrophy," ACCIDENTAL, to punon

STATE OF DELAWARE BUREAU OF VITAL ACE OF DEATH should state CAUSE OF DEATH instructions on back of certificate. CERTIFICATE OF DEATH County Hundred Registered No. (If death occurred in a Village hospital nr institution, give its NAME instead of street or and anmber.) City Ward. 2 FULL NAME PERMANENT PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE IS 18 DATE OF DEATH MARRIED, OR DIVORGED Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH statement of OCCUPATION (Month) (Day (Year) S 7 AGE that I last saw her alive on ... If less than -THIS 0 1 day / hrs. and that death occured, on the date stated above, at 7 -- A. M. or min. mos. OCCUPATION The CAUSE OF DEATH was as follows: (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in UNFADING ū which employed (or employer 0 9 BIRTHPLACE (State or country) (Duration) mos 10 NAME OF classified. Contributory FATHER Secondary 11 BIRTHPLACE (Duration) PARENTS OF FATHER (State or country) (Signed) 12 MAIDEN NAME PLAINLY OF MOTHER J.L. (Address) so that it may \* State the Disease Cansing Death, nr. in deaths frnm Vinlent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, nr Humicidal. information 18 BIRTHPLACE OF MOTHER (State or country LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) WRITE 14 THE ABOVE IS TRUE TO At place In the item of plain terms, mos. .....ds. State.....vrs. Where was disease contracted, If not at place of death? Every in plain (Address) Former or usual residence 15 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Filed. LOCAL SUB-REGISTRAR

03429

### STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association

persons who have no occupation whatever, write None. ginning of illness. of the DISEASE CAUSING DEATH, state occupation at be-If the occupation has been changed or given up on account tic service for wages, as Servant, Cook, Housemaid, etc. specifically the occupations of persons engaged in domesas Alschool or Athome. Care should be taken to report work, or At home, and children, not gainfully employed, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coat mine, etc. material worked on mayform part of the second statement. industry, and therefore an additional line is provided for kind of work and also (b) the nature of the business or sufficient, c. g., occupations a single word or term on the first line will be is very important, so that the relative healthfulness of may be indicated thus. Farmer (retired, 6 yrs.). For "Dealer," etc.; without more precise specification, as Never return (b) Grocery; (a) Foreman, (b) Automobite factory. The As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, the latter statement: it should be used only when needed. industrial employments, it is necessary to know (a) the Stationary fireman, etc. ilor, Architect, Locomotive engineer, Civil engineer, each and every person, irrespective of age. various pursuits can be known. Statement of occupation. - Precise statement of occupation "Laborer," Farmer or Planter, Physician, Compos-If retired from business, that fact But in many cases, especially in "Foreman," "Manager," The question applies to

symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic) "A. "Asthenia," chopneumonia (secondary), 10 ds. for malignant neoplasms); Measles; Whooping cough: origin; "Cancer" is less definite; avoid use of "Tumor" is indefinite); Tuberculosis of lungs, meninges, perilonmonia; Bronchopneumonia ("Pneumonia," unqualified, ningitis"); Diphtheria (avoid use of "Croup"); Typhoid only definite synouym is "Epidemic cerebrospinal mefor the same disease. Examples: Cerebrospinal fever (the Example: Weastes (disease causing death), 29 ds.; Bron-Chronic vatvular heart disease; Chronic interstitial neaeum, etc., Carcinoma, Sarcoma, etc., of.... fever (never report "Typhoid pneumonia"); Lobar pneutime and causation), using always the same accepted term CAUSING DEATH (the primary affection with respect to Statement of cause of death.-Name, first, the DISHASE affection need not be stated unless important. The contributory (secondary or intercur-Never report mere

> statement of cause or death approved by Committee on the head of "Contributory." (Recommendations on Struck by raitway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; childbirth or miscarriage as "Puerperal Septichaemia," consequences (e. g., sepsis tenanus) may be stated under head-homicide; Poisoned by carbolic acid-probably sui-CIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATH "PUERPERAL peritonitis," etc. State cause for which Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, SUIwhen a definite disease can 'Old age," "Shock," "Uraemia," "Weakness," etc., failure," "Haemorrhage," "Inanition," "Marasmus," ital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart lapse," "Coma," "Convulsions," "Debility" ("Congen-The nature of the injury, as fracture of skull, and Always qualify all diseases resulting be ascertained as from

Norm—"'Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyacmia, septichaemia, tetanus."

But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

STATE BOARD OF HEALTH OF DELAWARE APPROVED NOV. 11, 1909.



ial I	WRITE PONI	B Every Item pr Inform
	W	Every

		1PLACE OF DEATH	STATE OF MARYLAND
			© CERTIFICATE OF DEATH
		County Leel	
		lage or City hear Churleston	Registration Dist. No.
Land on the	Vill	age or City hear \\(\(\mathbb{N}\)o	St.: Ward) (If death obcurred in a hospital fe institu-
200		2FULL NAME While - 7 hron	tion, give ite NAME instead of street and number.)
3		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
2	6 D	PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5		hur 30 ,022	Mus 30, 1932 to Mus 30, ,1932
2		(Month) (Day) (Year)	that I last saw halive on, 192,
5	7 A		and that death occured on the date stated above, atm.
		I day hrs.	The CAUSE OF DEATH * was as follows:
20		yrs. mos. ds. or min.?	20000
0	8 0	a) Trade, profession or	Letter from I winder
Ď s	p	articular kind of work	
י ני		b) General nature of industry with the state of the state	(Duration) yrs. mos. de.
La		which employed or (employer)	
00	9 B	BIRTHPLACE	Contributory
		(State or country)	(Duration) mosde.
5		FATHER RALLE SED WE. DO	(Signed) M. D.
Š n		11 BIRTHPLACE	Mm30 1932-(Address) Water
= = = =	NTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
4	ARE	OF MOTHER Chan Crivelland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2	1	13 BIRTHPLACE	At place In the
7		OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
1	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1		121 18 1.0.4	Former or usual residence.
u e		(Informant) Joben Junge While	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate		(Address) 10 Clark H. Rudwill Ma	w. Chr. listown Md Mar 30. 1932
Sta	15	M. 1 22 44 42 2 11 (1)	20 UNDERTAKER ADDRESS
		Filed Mch 80 1982 Tho M. Cerebell Registrai	Joseph Rohaux houth East M.
	-	If more branks are needed, address State Registrar	, 16 W. Savatoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., should be used only when needed. As examples: a sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Cue should be taken taborer, Farm laborer, Luborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farrer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed definite salary), may be entered as Henoruise, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," Manager." (Deal-Physician, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; mon, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itim"; Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lohar pneumonia. Bronchopneumonia ("Pneumonia";

approved by Committee on telunius) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicucmia," "PUBRPERAL perilonitis," "Inanitien," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanitien," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely State cause for which surgical operation was undercausing death), 29 ds.; Bronchopmenmonia (secondary), Chronic interstitiul nephritis, Whooping cough; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage Examples: Aecidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic palmular etc. Nomenclature The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Althe data is essential and must be obtained before the certificate is permanently filed.

NG INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. RITE PLAINLY, WITH UNFADING INK-THIS USE OF DEATH in plain terms, so that it may be ion should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1 ..

1. PLACE OF DEATH Rades	(23)
County Ce cil Village or City Electors	Registration Dist. No. 7-2
	NoSt.,Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	1.0 , 11
2. FULL NAME Daniel Rochester	Woodall
(a) Residence: No. Cast Cuart (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Maried Maried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Sallie C Wood all (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 15 1873	Usst saw h elive on mor 5 ,193 2; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 1.03-1.m.
3-8 8 1 3 0 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, returned SAWYER, BODKKEEPER, etc.	Pulmonon tuberculons
9 Industry or business In which work wes done, es SILK MILL, Carpeuter SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)  year)  11. Total time (years) 35 spant in this occupation occupation	
year)	Other Contributory Causes of importance:
(State or country) Many law	
13. NAME Daviel R Woodall	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Elizabeth Hendricks	23. If death was due to external causes (VIDLENCE) fill in also the following:
[State or country]	Accident, sulcide, or homicide?, 19, 19, 19, 19
hus Sallie C. Grandel &	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT Elkton md	
18. BURIAL, CREMATION, DR BEMDVAL Place Chestertown and Date Mich 8 1933	Manner of injury
Place Chestertown Mid Date Mich 8 ,1932	Nature of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address) Elkton mid	If so, specify there & Bole M. (Signed)
20. FILED Juch 7., 1932 Junes Junes	(Address) Elitha 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related confirmed the confirmed that	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1931	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PURTAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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/	A PERMANENT RECORD	that it may be properly classified Exa
OR BINDING	MARKENT	ay be pro
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PLACE OF D	CAIN	STATE OF MARYLAN	D.
County Cecil		GERTIFICATE OF DEA	THAN
		Registration Dist. No.	7-12
www. co. Chile	ds, Maryland (No.	//C death as	eurred i
Village or City_Office	GIS HICKLY & COLUMN (NO.	St.: Ward) a hospital or	r institu
2FIIII NAM	ne James C Wyre,	tion, give its stead of st number.	reet an
-FOLL NAM	IL JULIANA	***************************************	
PERSONAL AN	ID STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ET.
3 SEX 4 COL	OR OR RACE SINGLE,	16 DATE OF DEATH	0.079
26-2-	OR DIVORCED Widowed	Mer ch 24th,	19232
Male w	hite (Write the word)	(Month)(Day)	
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the decei	
<u>C</u>	an 29, 1849	March 4th, 19232 to March 24th,	, 192
	(Month) (Day) (Year)	that I last saw h Im alive on War on Zanus	., 192
7 AGE	If LESS than	and that death decurred on the date stated above, at	A
0.7	l day hrs		
	yrsmosy_ds. ormin.?		
8 OCCUPATION (a) Trade, profession		General	
particular kind of wor		. Arterio-selerosis	************
(b) General nature of business, or establishm		(Duration) 3 yrs mos	de
which employed or (en	nployer)		
9 BIRTHPLACE (State or country)	R	Contributory Secondary	
	Jema	(Durstion) yrs mos	d
10 NAME OF		(Signed) V. H.) M. G. B. G. G. C.	, М. Г
A	David Wyre	Mar. 24th 2 32 (Address) Elkton, Md.	
OF FATHER	9		s from
Z (State or country)	Luna	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) V Accidental, Suicidal or Homicidal.	Whether
12 MAIDEN NAME	he.	18 LENGTH OF RESIDENCE (For Hospitals, Institution	as, Trans
13 BIRTHPLACE	Jane Murray	ients or Recent Residents)	
OF MOTHER	1 9	At place In the Stateyrsds. Stateyrs	osd
(State or Country)	Venna	Where was disease contracted,	
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNOWLEDGE	if not at place of death?	************
(Informant)	udrew Mekins	usual residence	
, , ,	1 1/6 16.1	19 PLACE OF BURIAL OR REMOVAL DATE OF B	
(Address)	north cust in	houth Cast M. Clemety Man 26m	, 19.3
15 FI Sunt 260	19032 Thaust Frager	20 UN DERTAKER ADDRESS	A \$.
Filed MUIC /	Registrar	Oseph R Gearit horth C	aut he
If mo	ore bianks are needed, address State Registra	ar, 16 W. Saraloga St., Balto., Requesting V. S. No. 1.	

62692

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farmi laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISERASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.